| POWER OF ATTORNEY<br>OR<br>REVOCATION OF POWER OF ATTORNEY<br>WITH A NEW POWER OF ATTORNEY<br>AND<br>CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/561,425 |
|---|---|---|
| | Filing Date | June 16, 2004 (Int'l) |
| | First Named Inventor | Martin GRIFFIN |
| | Title | NOVEL COMPOUNDS AND METHODS OF USING THE SAME |
| | Art Unit | 1654 |
| | Examiner Name | J. Russel |
| | Attorney Docket No. | 404172002000 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

    25226

OR
☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Name | Registration Number | Name | Registration Number |
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Please recognize or change the correspondence address for the above-identified application to:
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OR
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| Address | |
| City | State | Zip | |
| Country | Telephone | Email | |

I am the:
☐ Applicant/Inventor.
OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

| Signature | X | Date | X 17ᵗʰ DECEMBER 2008 |
|---|---|---|---|
| Name | X GARETH EVANS | Telephone | X 0121 204 4801 |
| Title and Company | X DEPUTY SECRETARY, ASTON UNIVERSITY | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

PA-1292873